Butto Krishna Paul & Co – An Enterprise for Localization of Foreign Medicines in Colonial Calcutta

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Abstract

In the year 1855, a Bengali enterprise of colonial Calcutta, Butto Krishna Paul & Co at Khangrapatti, Burabazar area, began to sell foreign medicines, but in course of time it became well known for its famous indigenous medicinal product, *Edward's Tonic*, the wonderful remedy for Malaria in the then colonial environment. The present paper aims to highlight the development of indigenous pharmaceutical companies within the milieu of hegemony or counter-hegemony of western scientific influence versus our national scientific endeavour. The objectives of the present attempt are- 1) what kind of historical consciousness and socio-political interconnectivity lead to the development of indigenous pharmaceuticals in colonial Calcutta, 2) how the advent of western medicine inspired our nationalist entrepreneurs for the development of indigenous pharmaceuticals in colonial Calcutta and finally 3) the beginning and development of oldest indigenous pharmaceutical Butto Krishna Paul & Co. under the shadow of the colonial empire. The results show that the development of the indigenous pharmaceutical companies in colonial Bengal can be seen as a specific wave of cultural response to modern science which was to pave the national scientific spirit in colonial India.

Key words: Calcutta, Colonialism, Indigenous science, Pharmaceuticals.

1. INTRODUCTION

“..... In tracing the progress of chemical knowledge among the civilized nations of old, one always find it intimately associated with medicinal preparations, metallurgical operations, the technical arts and the belief in the transmutation of metals” (Ray, 1903, ch. 1).

At the beginning of the 19th century, both the profession of the indigenous practitioners and indigenous medicine gradually lost their glamour with the advent of the colonial medicine and practitioners. Historians of colonial medicine have shown, colonial medicine occupied a place within a more expansive ideological order of the empires (Cunningham and Andrews, 1997, p.147). Colonial efforts to deal with the health of developing regions were closely linked to the

economic interests of the colonizers. The health of the colonized subjects was normally only considered when their ill health threatened colonial economic enterprises or the health of the Europeans. From different medical proceedings and reports, it has been revealed that western medicine in India was introduced by four separate agencies (Arnold, 1993, p. 11). These were – (i) the colonial state, (ii) missionary societies, (iii) other private initiatives and (iv) nationalist organizations. However, western medicine was introduced in the Indian subcontinent in order to take care of the health of the Europeans and the British army (Arnold, 1988, pp. 1-16). It was evident that no systematic health programme started in India until the revolt of 1857. Nearly half of the nineteenth century witnessed the total

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negligence of the public interests. In the years between 1760 and 1860, India was the main focus of European Colonial expansion only. Before the colonial period, public health activities were very little known to the natives of India (Mushtaq, 2009). In that era, main stream of medical care among the society was Ayurveda and home-based care, which appeared to be the dominant feature. There were only little organized efforts to treat diseases and to prevent deaths. The main focus, in that era, was continued to prevent and cure only Europeans and a section of Indian population for whom the British Government had the direct responsibility to protect and prevent. In this connection it can be said that health, medicine, and disease, these three were integral components to the colonial discourse in British India which indirectly lead to the introduction of western medicine in colonial India in a systematic manner.

The present attempt tries to explore the nature of interactions between the East and the West in the field of medicine vis-à-vis the development of indigenous pharmaceuticals. It brings into focus the conditions and historical processes through which there was an interaction between the social and medical domains, particularly under the rubric of colonialism. It discusses how India's medical tradition faced challenges when modern medical system entered in the country. The exchange of knowledge between India and the west was not a simple journey but rather a long and tortuous trajectory which was characterized by both assimilation as well as initiative which sought to differentiate one set of ideas from another. The level of interaction was seldom smooth and it was often ridden with the languages of dominance and hegemony. However, western medical discourse occupied an important place in the process of colonization. It was a double-edged sword, even while emphasising the intrinsic difference between the two cultures. It worked towards a scientific hegemony. Colonial hegemonisation precluded the

possibility of interaction. Indigenous systems were so marginalized that their practitioners often sought survival in resistance rather than collaboration (Kumar, 1997). Through specific case study, the present paper has tried to analyse beginning and development of indigenous pharmaceutical and the changing medical domain from the point of view of the existing social norms / conditions.

However, it is impossible to discuss the development of indigenous pharmaceuticals in colonial Calcutta without discussing the interplay between historical consciousness and socio-political interconnectivity. A typical mid and late 19th Century view that the wealth of nations was tied up with the state of development of the institutions of science and with the capacity for technological innovations (Lourdusamy, 2004, p.56). In this interconnectivity of science and technology, science came to be coupled with nationalism (Paul, 1985, p. 38). This transformation followed the partition of Bengal in 1905. But sections of the Bengali scientific intelligentsia were to subscribe to the programme of *Swadeshi*, or constructive modernization (Raina, 1997, 25-42), as different from the path of militant struggle adopted by other sections of the society. The basic thrust of *Swadeshi* was aimed at working towards economic and scientific self-reliance. Therefore, the discourse of development of indigenous pharmaceuticals in colonial Calcutta has been visualized under the shadow of the *Bengal Renaissance* (Sarkar, 1970, p.75). Scientific advances during the Bengal Renaissance included pioneering work in a number of fields by Bengali chemist, physicist, biologist, archaeologist, botanist and science fiction writer Jagadish Chandra Bose. Other notable Bengali and Indian scientists from this era were Satyendra Nath Bose, Meghnad Saha and Upendranath Brahmachari. Certainly, the Bengal Renaissance was an exciting time in Bengali history, with contributions by innovative and motivated people benefiting

subsequent generations (Gupta, 1958, pp.8-16). In such a prelude and before going to start the historical case study, the author feels to incorporate a brief narrative why the British imposed their medicine in the Indian subcontinent in 19th century, and how indigenous pharmaceuticals were developed as a nationalist response towards it.

2. WESTERN MEDICINE, NATIONALIST RESPONSE AND DEVELOPMENT OF INDIGENOUS PHARMACEUTICALS

In the 19th century, the attempt to impose western medicine in the Indian subcontinent can be viewed in different ways. It was introduced to convince the indigenous population of the benevolence of the colonising power (Arnold, 1988, pp.1-18). Furthermore, medicine was a way of gaining further control over the population through reducing the power of local healers. Imposing western medicine was a crucial part in replacing native traditions with the values of the imperial power. However, the late 19th Century saw many advances in scientific medicine, further encouraging western powers to attempt to impose their ‘superior’ medicine on indigenous populations of India. Following Pasteur’s discoveries and the development of *germ theory*, western medicine became more and more confident in its own abilities. It was believed that the dangerous diseases in the colonies could only be brought under control through western medicine. In such a way, the indigenous systems were so marginalized that they sought survival more in resistance than collaboration.

To combat this superiority of western medicine, a new cultural concept for a new identity was formed. This new structural and cultural concept of Indian medicine provided impetus for the growth of nationalist ideas in the late 19th and early 20th Centuries. This led to the revivalist movement which re-established an independent professional status of indigenous system of medicine which further established a parallel set

of institutions dealing with indigenous and modern medicines throughout India.

.....In average public esteem, however, the indigenous practitioners retained their place. In Calcutta, Gangaprasad Sen and Neelamber Sen were extremely popular. They introduced fixed consultation fees, priced medicine, publication of sacred texts and publicity through advertisements. Gangaprasad started the first Ayurvedic Journal in Bengali called ‘*Ayurveda Sañjivani*’ and even exported Ayurvedic medicines to Europe and America (Kumar, 1997).

Therefore, it is evident that the western medical discourse in colonial India and revivalist movement by the national elites to re-establish the status of Indian indigenous systems of medicine was a counter hegemonization between the two cultures (Bala, 2012, pp. 1-12). In such a socio-political climax, to revive the Indian indigenous system of medicine, along with Ayurveda and Unani, the indigenous pharmaceuticals were developed. These indigenous pharmaceuticals not only changed the economic face but also altered the mentality of the country people to some extent. Furthermore, in course of time indigenous medicine became acceptable to the public of different social classes and could make a domestic market even in the colonial setting.

3. BUTTO KRISHNA PAUL & Co.— A CASE STUDY

Butto Krishna Paul was born in the famous Paul family at Shibpur, district Howrah, West Bengal, India. His father Laxminarayan Paul whose family business tradition was selling of spices (*Gandhabanik in Bengali*). Both of his parents died during his early childhood and for this he was unable to continue his education beyond primary level (only *Pāthśālā* education). He took shelter in his maternal uncle’s house (Ramkumar De) who was childless. His maternal uncle initially appointed him in his spice shop at Natunbazar, district Howrah. At the age of sixteen, Butto Krishna Paul showed his excellence in that

business. As a result of which his maternal uncle inspired him to do business independently. Then he opened a new shop where he sold opium. But due to his honesty he was totally unsuccessful in that endeavour. After this incidence, he opened another shop along with a partner Madhav Chandra Daw at 121 Khangrapatti Street (a central location of Calcutta) in mid 19th Century. In this shop along with lamps and spices he was also selling allopathic medicines. With his business intuition he realized the importance of allopathic medicine and specifically the public demand. At that time allopathic medicines were not easily available and in most cases customers were cheated. He was the first importer of foreign medicines in colonial Calcutta. Then in the year 1855, he established another new shop dealing with foreign imported medicines at Khangrapatti and named it 'Butto Kristo Paul & Co (Figs. 1 & 2) (Later it was named Butto Krishna Paul & Co.).

Due to his honesty and perseverance very soon he became a famous businessman. At that time it was not a very easy task to import foreign medicines. By successfully doing this untiring performance he became one of the first Bengali in Bengal to import foreign medicine in Kolkata. Gradually he established another seven business centers in different parts of Kolkata. In these shops apart from allopathic medicines, homeopathic

Fig. 1. Heritage Building of Butto Krishna Paul & Co

Fig. 2. Butto Krishna's Medicine Shop

medicines, indigenous medicines, printing machines, dentistry items, Ayurvedic medicines, surgical instruments were sold. Very soon this company acquired almost worldwide reputation. In 1881, his eldest son Bhutnath Paul joined this company (Ghosh, 1920, p. 5).

The most famous medicinal product in Butto Krishna's shop was *Edwards Tonic*, a remedy for malaria, the formula of which had been developed by Mr. Edward Gower Stanley (1865-1937).

Edward Gower Stanley, under-secretary to the Government of India, executive engineer, Public Works Department, was born in 1865 in Lucknow. He was educated in England at the Warwick Grammar School, R.I.E College, Coopers Hall and had practical training at the Bristol Avonmouth and Portishead Docks. Stanley came back to India in 1887 as an assistant engineer and was posted to the Secundrabad Division, where he was employed in military works. On this occasion he visited Calcutta and came to Butto Krishna's shop. On October 1891 he was transferred to Burma as personal assistant to the superintendent engineer, Mandalay and subsequently held charge of that and the Thayetmya divisions. He was permanently promoted to executive engineer in January 1897 and called to act as assistant to the chief engineer and under-secretary to the Government of Burma in February

Fig. 3. Edwards Tonic of Butto Krishna Paul & Co. (Source: Wellcome Trust Library and Personal Collection from Butto Krishna's Family at 92B Shova Bazar Street, Kolkata)

1898, which appointment he held until April 1903 when he was made under-secretary to the Government of India.

While Butto Krishna was still an attendant at his uncle's shop, Sir Edward once went there to make a purchase, forgetting his wallet upon leaving. The following day, when he came back for it, he found that the honest Butto Krishna had kept it for him. Sir Edward was much pleased and in acknowledgement, he gave Butto Krishna the formula of his anti malarial drug. In turn, to honour Sir Edward, Butto Krishna gave his name to the medicine, which thus became known as *Edward's Tonic* (Fig 3). In time the tonic became quite famous in and also outside India for inducing a safe recovery from malaria.

In the year 1881, his son Bhutnath Paul joined in his business and gradually this pharmaceutical got its fame worldwide. In times of epidemics Butto Krishna distributed free medicines across Kolkata. When the colonial emperor King George V (1865-1936) came to India with his wife, Butto Krishna made a charitable hospital available for the people who took part in the procession. In 1906, Lord Minto (1845-1914), the Governor General of India, appointed Butto Krishna Paul & Co. Pvt. Ltd. as its chemist and druggist. By that time, the company's capital was ten lakh rupees. In a very

short time Butto Krishna had grown from a simple purchasing agent into a successful entrepreneur. In his business endeavour, Butto Krishna's vision was to popularize the effectiveness and easy affordability of western medicine into the remotest corners of India. As a function of his close association with the British, the company never suffered any business constraints and was successful in all its endeavours.

After his death in 1914, Butto Krishna's eldest son Bhutnath Paul took charge of the company management and did much to contribute to its growth to eventually become the largest of its kind in Eastern India. During the First World War, the company began a research laboratory at 18 Sashibhusan Sur Lane for manufacturing tinctures and other medicinal preparations. For this purpose, the company got some patronage from the British Govt. Due to business prosperity, the company further established homeopathic and Ayurvedic clinic in Calcutta. For operational convenience, the three firms Butto Kristo Paul & Co., B K Paul & Co. and B N Paul & Co formed into the Buttokristo Paul & Co. In such a way this first indigenous pharmaceuticals gained its name and fame and enhanced its business more than anyone else of its contemporaries. However, after Bhutnath's death the company gradually lost its name and fame (Government of West Bengal 1922) and survive still as a sick indigenous pharmaceutical company.

4. CONCLUSION

The study demonstrates that the beginning of such historical indigenous pharmaceutical was nothing but the cultural collision between the East and the West. The link between those two worlds was provided by the economy of the colonised country. The struggle to build a strong, scientific and technological structure linked to our national needs did not only act as a catalytic agent for our economic nationalism, but also for our independence movement.

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